

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/666,979</td> </tr> <tr> <td>Filing Date</td> <td>September 17, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Allen R. Friedman</td> </tr> <tr> <td>Title</td> <td>Method and System for ...</td> </tr> <tr> <td>Art Unit</td> <td>3693</td> </tr> <tr> <td>Examiner Name</td> <td>Kevin T. Poe</td> </tr> <tr> <td>Attorney Docket Number</td> <td>36287-4402</td> </tr> </table>	Application Number	10/666,979	Filing Date	September 17, 2003	First Named Inventor	Allen R. Friedman	Title	Method and System for ...	Art Unit	3693	Examiner Name	Kevin T. Poe	Attorney Docket Number	36287-4402
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	Telephone
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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